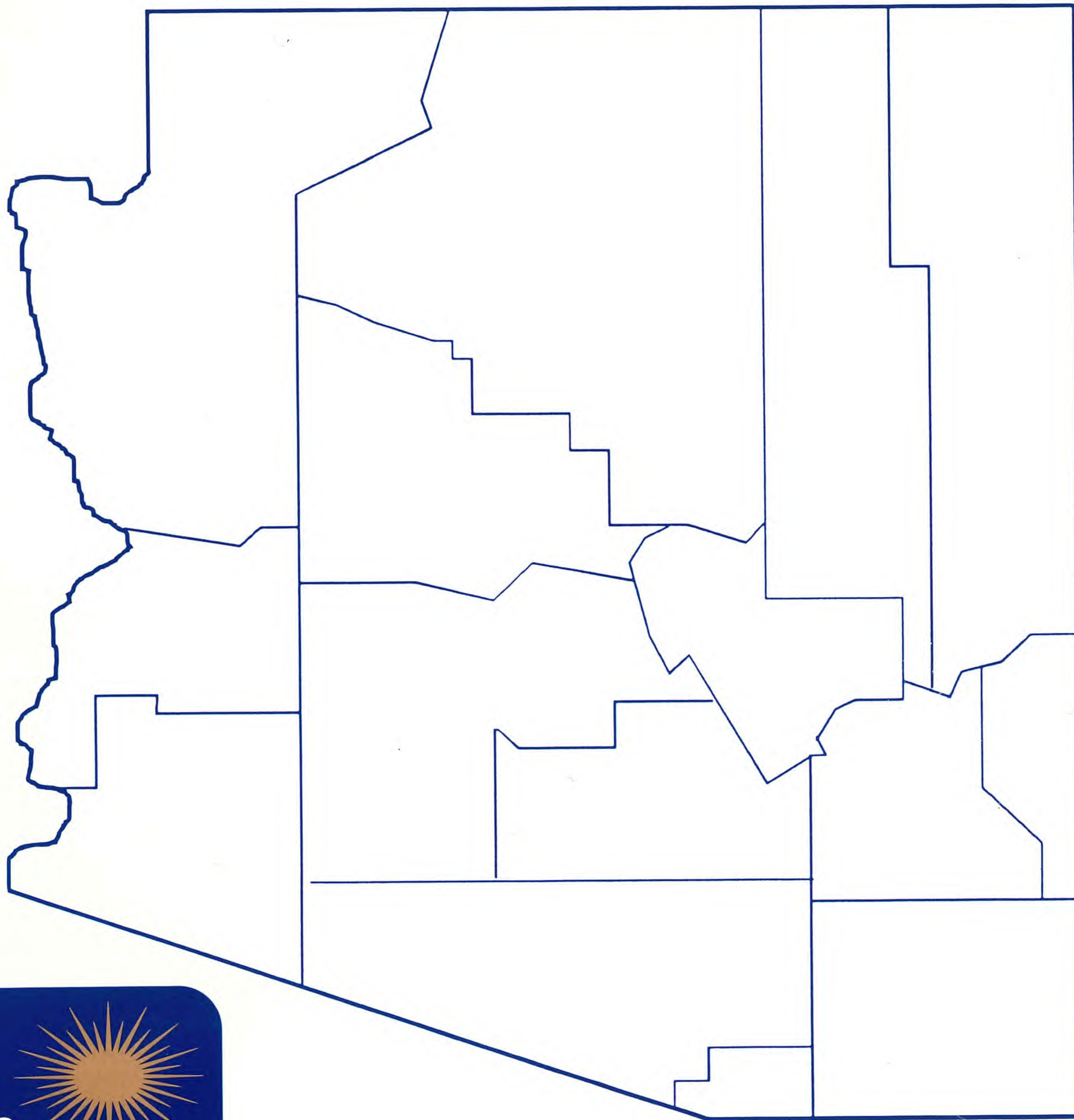




ARIZONA STATE HOSPITAL

ANNUAL REPORT

FISCAL YEAR 1992 - 1993



BEHAVIORAL HEALTH SERVICES

ARIZONA DEPARTMENT OF HEALTH SERVICES

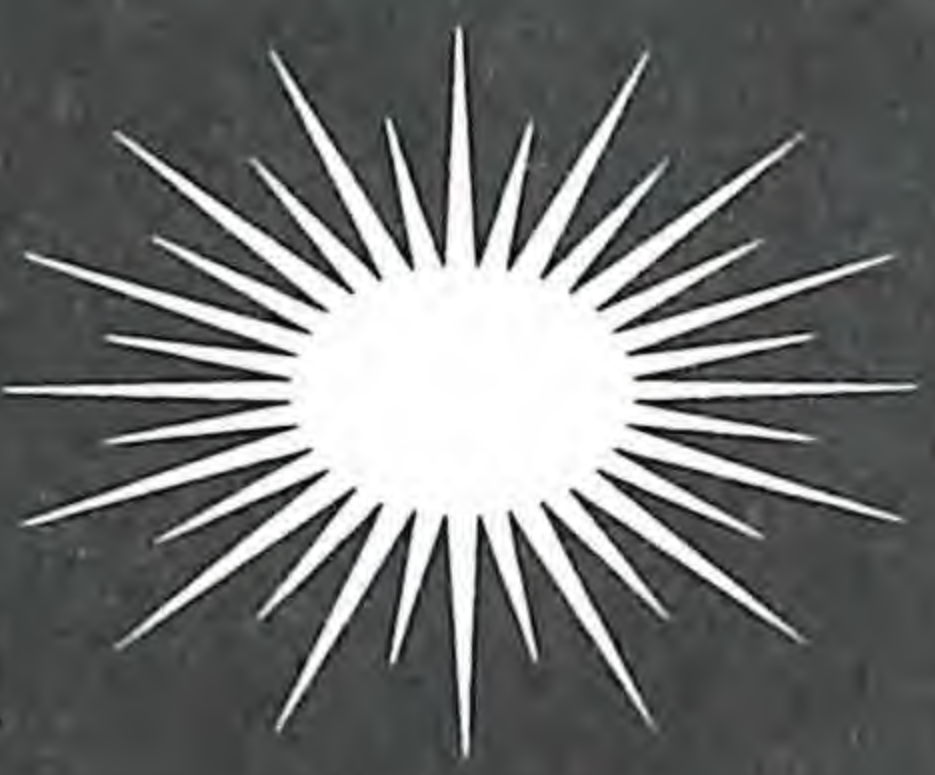
FIFE SYMINGTON, GOVERNOR
STATE OF ARIZONA

JACK DILLENBERG, D.D.S., M.P.H., DIRECTOR
ARIZONA DEPARTMENT OF HEALTH SERVICES

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FIFE SYMINGTON, GOVERNOR
JACK DILLENBERG, D.D.S., M.P.H., DIRECTOR

December 15, 1993

The Honorable Fife Symington
Governor State of Arizona
1700 West Washington Street
Phoenix, Arizona 85007

Dear Governor Symington:

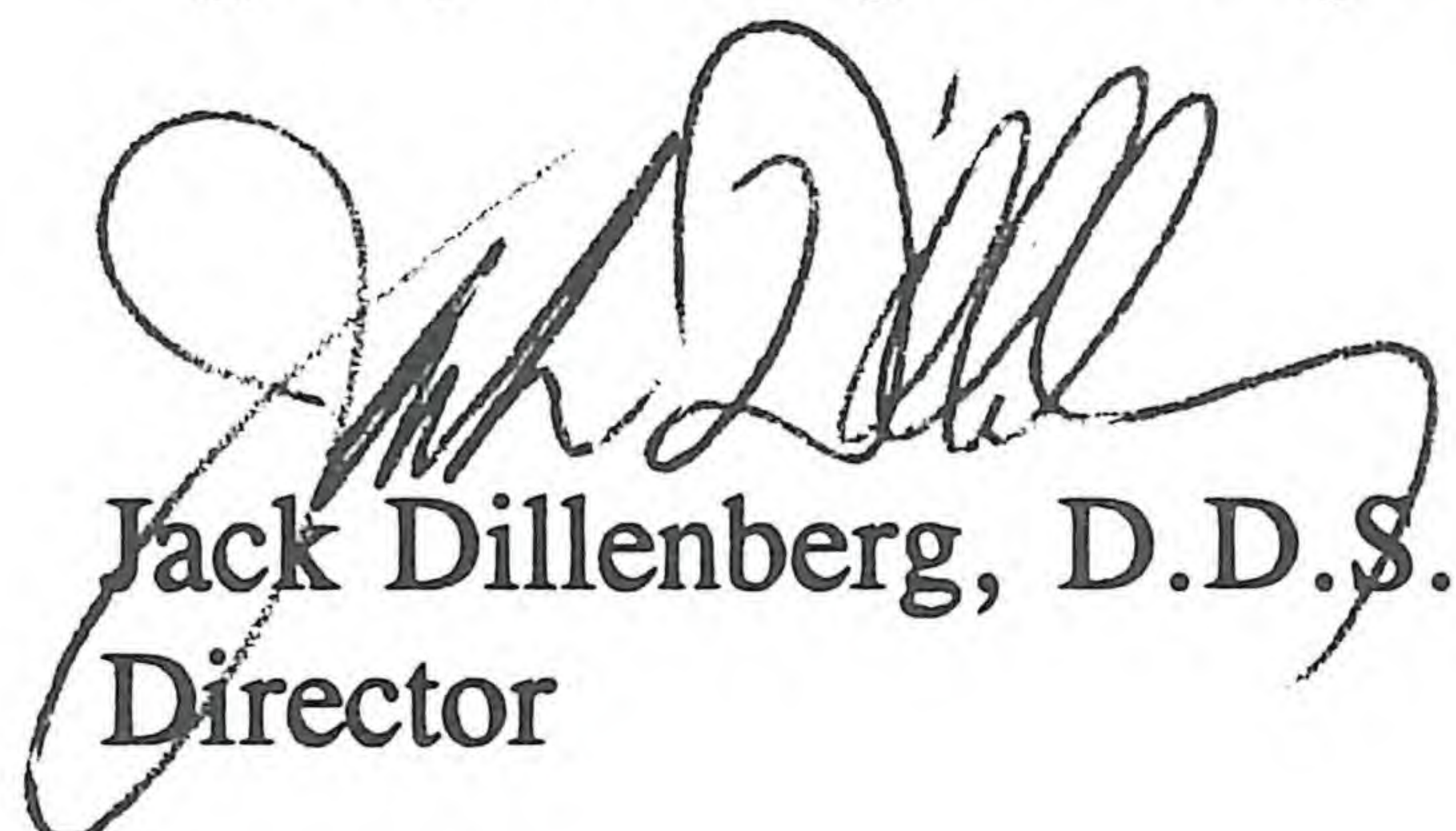
I am pleased to present the Annual Report, Fiscal Year 1992-1993, for the Arizona State Hospital. This annual report has been prepared in accordance with Arizona Revised Statute §36-209 and contains required client and financial information.

I take this opportunity to thank you for your continued support of the Arizona State Hospital. Fiscal Year 1992-1993 was a very productive year for the hospital. The average daily census declined and the hospital began to develop specialty programs in forensics. The hospital has also been preparing for Arizona's new "Guilty Except for Insane" law which becomes effective January 1, 1994.

Fiscal Year 1992-1993 was a very positive year in the regulatory area. The hospital maintained accreditation by the Joint Commission on Accreditation of Healthcare Organizations and was recertified by the Health Care Financing Administration's Medicare and Medicaid programs. The hospital was also a finalist in your Pioneer Award for quality.

The hospital's future plans involve the operationalizing of the new "Guilty Except for Insane" law, refining our Total Quality Management Program, and providing the highest quality of care for persons with serious mental illness and their families.

Again, thank you for your support.



Jack Dillenberg, D.D.S., M.P.H.
Director

JD:EF:smo

Attachment

ARIZONA STATE HOSPITAL
ANNUAL REPORT
FISCAL YEAR 1992 - 1993

by

John R. Migliaro, Ph.D.

Chief Executive Officer/Superintendent

October 1993

ARIZONA STATE HOSPITAL

ANNUAL REPORT

FISCAL YEAR 1992 - 1993

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ARIZONA STATE HOSPITAL

ANNUAL REPORT

FISCAL YEAR 1992 - 1993

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**ARIZONA STATE HOSPITAL
ANNUAL REPORT
FISCAL YEAR 1992 - 1993**

OVERVIEW BY CHIEF EXECUTIVE OFFICER/SUPERINTENDENT

The Arizona State Hospital is a component of the statewide continuum of behavioral health services provided by Behavioral Health Services, Arizona Department of Health Services. The hospital, a publicly funded facility, is dedicated to the restoration and preservation of the emotional health of seriously mentally ill residents of the state of Arizona. As one component of the statewide continuum of behavioral health services, hospital staff strive to provide state-of-the-art psychiatric care and are committed to the concept that all clients and staff are to be treated with dignity and respect to maximize personal and professional growth.

Prior to the beginning of this fiscal year, the senior management and clinical team members met to review the goals and objectives of the hospital. After extensive deliberations on the purpose of the hospital and its role in the statewide continuum of behavioral health services, the members developed the "Vision Statement," which provides long-range guidance for hospital personnel, and the "Mission Statement," which provides shorter-range, day-to-day operational guidance for the hospital and service providers.

ASH Vision Statement
<p>By the year 2000, patients, their families, staff, community, and accrediting bodies will recognize the Arizona State Hospital as a center of excellence. We will be a premier psychiatric facility that specializes in providing forensic, child, and adult services in a healing environment. We will gain recognition through our quality staff, innovative treatment, research activities, publications, and academic affiliations.</p>

Exhibit 6 provides "Admission Rates per 100,000 Population by County." The state's average admissions per 100,000 population for the fiscal year was 20.2 which has remained stable over the past two fiscal years, ranging from 20.2 to 21.9.

EXHIBIT 6	
ADMISSION RATES PER 100,000	
POPULATION* BY COUNTY	
County of Admission	Admission Rate
Apache	0.0
Cochise	4.9
Coconino	6.8
Gila	49.9
Graham	24.9
Greenlee	0.0
LaPaz	6.6
Maricopa	29.5
Mohave	1.8
Navajo	2.4
Pima	8.1
Pinal	8.8
Santa Cruz	0.0
Yavapai	4.3
Yuma	4.3
Statewide Rate	20.2
* County population estimates for FY 1992-93 provided by ADES, Population Statistics Unit	

ASH Mission Statement

The Mission of the Arizona State Hospital is to restore and enhance the quality of life and the health of persons with serious mental illness.

With both the "Vision Statement" and the "Mission Statement" as the guiding principles, the Arizona State Hospital provides psychiatric hospitalization and treatment for persons who meet the admission criteria and are presently living in the state of Arizona. While providing evaluation and active treatment, the hospital is continually cognizant of the rights and privileges of each client, particularly the client's right to confidentiality and privacy.

A client's treatment is directed by a multi-disciplinary clinical team which includes the client, hospital staff, the client's family, and appropriate community behavioral health system representatives. This clinical team is responsible for completing the evaluations and developing a comprehensive, individualized treatment and discharge plan that addresses the biological, psychological, spiritual and socioeconomical issues to meet the client's personal needs. The psychiatrist, who provides leadership for the clinical team, has the ultimate authority for the client's care and is responsible for developing and strengthening interdisciplinary relationships within the team itself.

Throughout a client's treatment, the hospital advocates placing the client in the least restrictive therapeutic treatment environment. In advocating this goal, client placement within the hospital is made after assessment, consideration of all treatment factors, and discussion with the appropriate community behavioral health system representatives to assure the chosen placement provides maximum therapeutic benefit. Additionally, the hospital recognizes its responsibility to provide clients required sanctuary and to safeguard the community.

In order to provide quality care for the clients, the hospital's staff actively participates in the statewide continuum of behavioral health care, coordinates the development of the clients' treatment and discharge plans with the clients and the appropriate community behavioral health system representatives, and encourages client placement in alternative community programs in accordance with the individual service plan developed with the community service providers as soon as the client is adequately prepared for placement.

As the hospital looks toward the future in providing services for the seriously mentally ill, we will continually focus on the hospital's "Vision Statement" and the "Mission Statement" to provide continued direction for the leadership of the hospital.

HOSPITAL ORGANIZATIONAL STRUCTURE

The Arizona State Hospital, as a component of the statewide continuum of behavioral health services provided by Behavioral Health Services, Arizona Department of Health Services, receives overall direction and supervision from John R. Migliaro, Ph.D., Chief Executive Officer/Superintendent. The hospital's organizational structure is divided into two components - clinical services and administrative services.

Clinical Services

Clinical Services, under the clinical leadership of the Arizona State Hospital's Medical Director, includes the following:

◆ Medical Staff Services:

Department of Psychiatry
Medical Staff Consultants
Utilization Review
Dental Services
Infection Control Services

Department of Medicine
Medical Staff Committees
Legal Services
Employee Health Services

◆ Nursing Services

◆ Psychology Services

◆ Social Work Services

◆ Education and Rehabilitation Services:

Patient Education
Recreational Therapy
Staff Training and Education
Religious Services
Speech and Language Services

Occupational Therapy
Physical Therapy
Volunteer Services
Libraries -Patient and
Medical

◆ Quality Improvement Services

Medical Staff Services

Medical Staff Services, through the clinical leadership of the hospital's Medical Director, consists of licensed psychiatrists who are assigned to specific treatment programs and units. One psychiatrist on each program is identified as the program director and is responsible for the development of the overall treatment program. Non-psychiatric physicians (family practitioners and internists) are assigned to specific treatment programs and/or treatment units while consultive physicians provide specialized psychiatric and medical care. Selected legal services for clients and hospital utilization review are also provided through Medical Staff Services.

Nursing Services

Nursing Services, through the leadership of the Nurse Executive Officer, consists of licensed nursing personnel and paraprofessional staff who provide milieu therapy, nursing services and general client supervision in the various treatment programs and units on a 24-hour-a-day basis.

Psychiatric Nurse Managers are assigned to specific treatment units to provide direct supervision of all nursing personnel assigned to that unit.

Psychology Services

Psychology Services, through the leadership of the Director of Psychology, consists of licensed psychologists, psychology interns, and paraprofessional staff who provided assessment, diagnosis, individual and group psychotherapy and consultation on a referral basis from the attending psychiatrist.

Social Work Services

Social Work Services, through the leadership of the Director of Social Work, consists of hospital social service representatives and supervisors who are assigned to a specific treatment program to provide social work services support. Social Work Services personnel are responsible for addressing the psychosocial needs of clients and their families through a psychoeducational approach in problem solving strategies. Integrating the client's treatment and discharge plan with the individual service plan developed in conjunction with the appropriate community behavioral health service representative is a primary goal for hospital social service representatives.

Education and Rehabilitation Services

Education and Rehabilitation Services, through the leadership of the Director of Education and Rehabilitation, includes special education services for the adolescents and children; occupational therapy; recreational therapy; speech/language/hearing therapy; physical therapy; and the clients' Vocational Training Program. Staff training and education are provided for the hospital personnel as well as community mental health professionals. Library Services include both client and medical libraries. An interdenominational Chaplaincy Services consists of representatives of Protestant, Catholic, and Jewish ministries who provide religious services, pastoral counseling, and staff education. Chaplaincy Services also sponsors an annual Clergy Day Conference open to religious leaders in the community.

Volunteer Services at the hospital provides many direct client services and assists with recreational activities, a horticulture program, a clothing store, and opportunities for clients to participate in community activities.

Quality Improvement Services

Quality Improvement Services, through the leadership of the Director of Quality Improvement, is responsible for monitoring and evaluating the quality of client care, for monitoring opportunities to improve client care, for monitoring clients' medical records related to quality care issues, and for supporting each service area in the development and implementation of continuous quality improvement activities.

Additionally, utilization review activities are conducted to monitor the appropriateness and medical necessity for admission, the necessity for continued hospitalization and the discharge readiness of clients.

The hospital adopted the guiding quality management principle that the entire hospital, from the Governing Body through direct client care providers, is committed to continually improving client care.

Treatment Programs and Units

The results of the client's clinical evaluations, the client's comprehensive, individualized treatment and discharge plan, and the client's acuity level provide the multi-disciplinary clinical team guidance in determining client's placement within the hospital. Throughout the client's hospitalization, the multi-disciplinary clinical team reviews and revises the client's treatment and discharge plan to ensure appropriate treatment and placement continue. The direct client clinical services of psychiatry, medicine, nursing, psychology, social work, and education and rehabilitation are provided through treatment programs which are designed to meet the needs of the clients. The client treatment programs and treatment units are as follows:

The General Adult Program (GAP)

Units: Kachina 1, Kachina 2, Juniper 5

The General Adult Program serves as the primary reception and admission area for adult clients and is designed to provide diagnostic and assessment services as well as short-term treatment services (average length of stay two months or less). The General Adult Program clients usually have less institutional experience but more characterologic disturbances and higher incidents of drug abuse or legal involvement.

Major treatment modalities in the General Adult Program include psychotropic medication and group or individual psychotherapy focusing on acceptance of treatment and specific discharge plans.

Clients also participate in the development of personal goals, vocational rehabilitation, chemical dependency intervention, intensive preparation for community reintegration and aftercare, leisure and recreational activities, physical care, and reality therapy as needed.

While Kachina 1 serves as a secure treatment unit with limited off-unit client privileges granted, Kachina 2 serves as a "semi-open" unit with many clients having full grounds privileges and Juniper 5 serves as an open unit utilizing an active therapeutic community approach to care.



KACHINA BUILDING - KACHINA 2 ENTRANCE

The Psychosocial Rehabilitation Program (PSR)

Units: Juniper 6, Juniper 10, Transitional Living Unit

The Psychosocial Rehabilitation Program serves as the primary treatment program for clients with chronic, less refractory mental disorders. Most clients in this program require a moderate period of hospitalization (average length of stay approximately 5 - 6 months). Clients tend to have more hospitalizations and require more structured aftercare coordination and planning.

The Transitional Living Unit, funded by special appropriations, was closed in November 1992 since the unit was no longer serving those clients for which it was initially designed. The special appropriation was reverted to Behavioral Health Services where it was utilized for community programs for the seriously mentally ill.

Major treatment modalities in the Psychosocial Rehabilitation Program include psychotropic medications, psychotherapy to develop insight into reasons for admission, occupational therapy, recreational therapy and chemical dependency interventions.

Juniper 10 serves as the secure treatment unit and Juniper 6 serves as a "semi-open" unit for the PSR Program.

The Extended Care Program (ECP)

Units: Juniper 2, Juniper 4, Juniper 8

The Extended Care Program serves as the primary treatment program for seriously mentally ill clients who required an extended period of hospitalization (average length of stay approximately 24 months). Treatment emphasis is placed on the activities of daily life skills (e.g. hygiene, dressing, eating) since many clients suffer from coexistent organic mental disturbances.

Treatment modalities include medications, reality orientation group, current events group, structured unit activities, leisure planning and recreational therapy.

Each of these treatment units is designed to provide a safe and secure environment for the clients; therefore, access to off-unit client activities is based on the individual's functioning level.



JUNIPER BUILDING - CLIENT ENTRANCE

The Geropsychiatry Program (GPP)

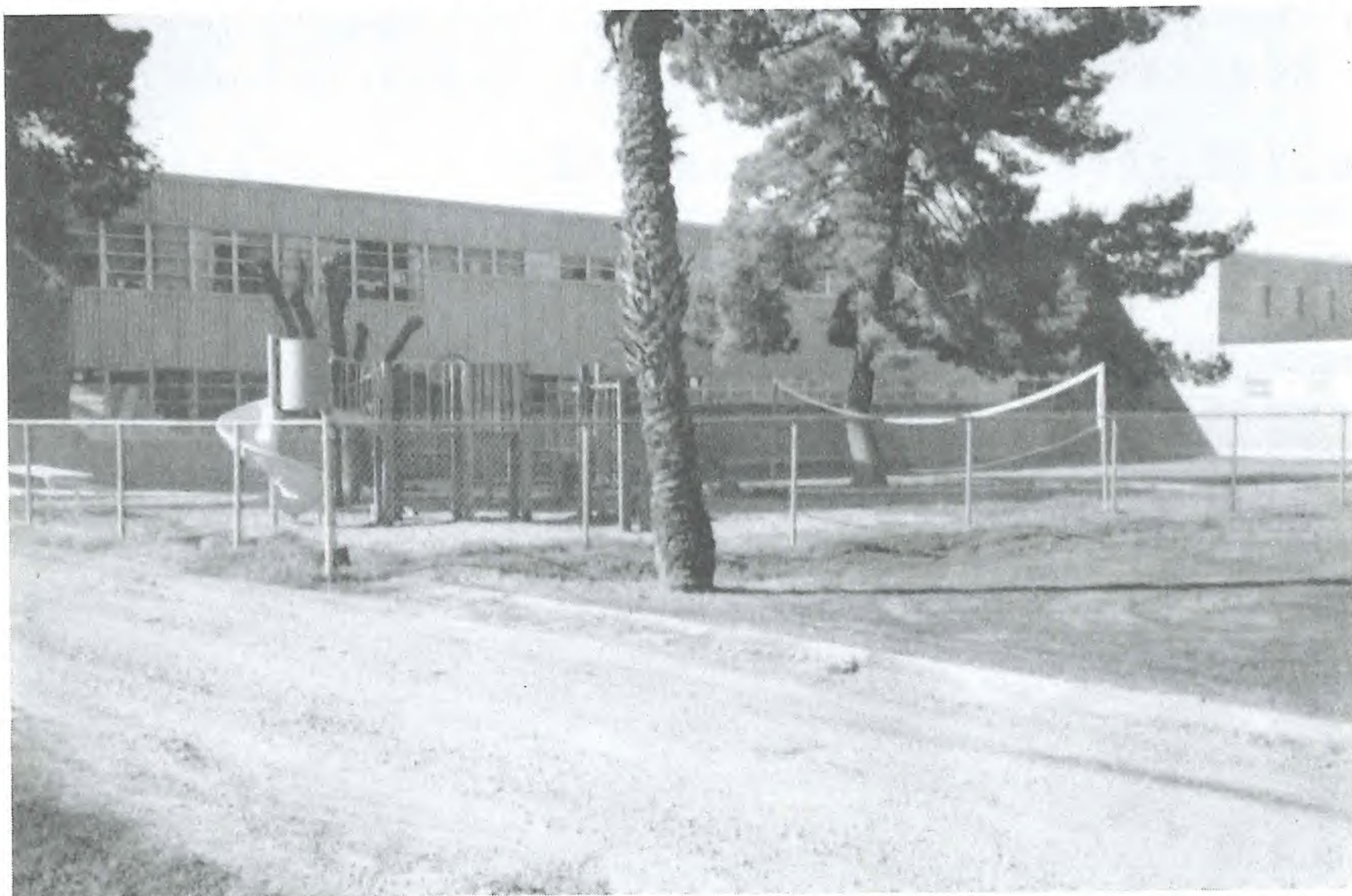
Units: Juniper 7, Juniper 9, Granada

The Geropsychiatry Program serves as the primary treatment program for older adult clients with serious mental illness (over 55 years of age) with special needs.

Families are involved in placement planning and receive assistance with bereavement, loss acceptance and coping skills.

Primary treatment modalities include supportive care, psychotropic medication, self-care skills, reminiscence groups, community orientation, current events and unit community meetings. Specialized groups in music and art therapy, gardening, cooking and nutrition, and reality orientation are also provided. Medical care is also a vital treatment modality for this population.

The treatment units provide a safe, secure environment for the clients with limited off-unit access due to the severely disabling mental disorders of most of the clients. Off-unit access to various clients activities is arranged on an individual basis.



GRANADA BUILDING - INCLUDING CHILDREN'S PLAYGROUND

The Behavior Management Program (BMP)

Units: Cholla, Juniper 1

The Behavior Management Program serves as the primary treatment program for seriously mentally ill clients with a potential for violent or dangerous behavior, clients with a high escape risk, and clients with legal requirements on placement (determination of competency to stand trial or commitment for treatment after being found not guilty by reason of insanity).

Most clients require a moderate to extended period of hospitalization (average length of stay approximately 12 months).

Treatment modalities include psychotropic medications, psychotherapy focusing on participation with treatment, interpersonal skills training, personal care and rehabilitation, and specific discharge planning. Intensive liaison for community reintegration and aftercare treatment, leisure and recreational activities, reality focusing and modification of pathologic behaviors are also important components of care.

Both Cholla and Juniper 1 provide a secure environment for the clients and limited off-unit privileges are granted on an individual basis.



CHOLLA BUILDING - MAIN ENTRANCE

The Youth Services Program (YSP)

Units: Adolescent Treatment Unit (ATU), Child Treatment Unit (CTU)

The Youth Services Program serves as the admission, assessment and treatment program for children and adolescents (6 through 17 years of age) requiring intermediate term care as a result of a substantial mental disorder (average length of stay approximately 5 months).

Major treatment modalities include individual, group and family therapy, academic programs, occupational, recreational, and speech/language/hearing therapy, and psychotropic medication, as appropriate. Aftercare planning for the client and family is an essential component of treatment. Active liaison between staff and community service providers also occurs to assist families and outpatient service providers in placements and treatment referrals.

Both treatment units provide a safe, secure environment for the clients. Clients are given off-unit privileges based on their behavioral functioning level and their ability to accept personal responsibility.



ENCANTO BUILDING - ADOLESCENT TREATMENT UNIT

Administrative Services

Administrative Services, under the direction and supervision of the Chief Operating Officer, includes the following:

◆ Medical Record Services

◆ Ancillary Services:

Fiscal Services
Personnel Services
Radiology Services
Laboratory Services

Patient Finance Services
Security Services
Pharmacy Services

◆ Support Services:

Dietetic Services
Safety Management Services
Groundskeeping Services

Engineering Services
Environmental Services
Telecommunications Services

◆ Hospital Information Services:

Data Control Services
Policies and Procedures

Project Control Services
Hospital Information Services

Medical Records Services

Medical Records Services is responsible for the general maintenance of the clients' medical records, both current and historical, for monitoring specific established standards, and for providing the secretarial pool to transcribe various clinical client reports.

Ancillary Services

Ancillary Services is responsible for the operation of the hospital through monitoring the allocated budget, providing clients with limited financial services, and for providing the hospital's security services. Personnel Services is responsible for coordinating the hiring of employees, providing the initial introduction of new employees to the hospital, and maintaining employee personnel records. Additionally, pharmacy, laboratory and radiology services are provided with each of these services receiving clinical consultation from the Medical Director and/or Medical Staff Committees, as needed.

Support Services

Support Services is responsible for ensuring a safe and therapeutic environment, providing a full range of dietetic services, providing the "day-to-day" needs of the clients, e.g. environmental services, maintenance of the hospital buildings and the surrounding grounds, and maintenance of the telecommunication systems.

Hospital Information Services

Hospital Information Services is responsible for initiating the clients' medical records at the time of admission, entering required client information into the computerized client data system, computerizing, maintaining, and reporting various hospital data, developing hospital policies and procedures, maintaining special project control, and providing general hospital information as requested by various sources.

MAJOR ACCOMPLISHMENTS

During Fiscal Year 1992 - 1993, the hospital's clinical and administrative teams selected special projects which would have a significant impact on the overall operation of the hospital. Whether a clinical or an administrative project, multidisciplinary, interactive teams were established to identify the salient issues impacting on the project and to establish required plans of correction to significantly impact on each project. During this fiscal year, the following selected special projects were addressed and will continue to be of significant importance in the future years.

◆ Compliance with the requirements of "The Blueprint: Implementing Services to the Seriously Mentally Ill":

The hospital continued efforts to attain the requirements set forth in "The Blueprint." These efforts included:

- A. Ensuring that a community case manager is assigned to the client within three days of hospital admission or referring the client to the proper Regional Behavioral Health Authority for the assignment of a case manager;
- B. Refining the new Treatment and Discharge Plan to improve participation of the case manager and members of the community clinical team; to improve in the identification of client admitting problems; and to design individualized client treatment and discharge plans to address the identified problems. These refinements also assisted the hospital in meeting the standards required by the Health Care Financing Administration, Medicare Certification, and the Joint Commission on Accreditation of Healthcare Organizations;
- C. Developing a mechanism to properly credential case managers and other members of the community clinical team so that they could participate in the client's treatment planning meetings;
- D. Implementing a protocol allowing case managers to document the results of their participation with the clients and attendance at meetings involving the clients in the client's hospital medical record; and
- E. Submitting required quarterly reports to the Office of the Court Monitor. These reports include client data related to admissions, discharges, client lengths of hospitalization, and specific barriers to client discharges.

◆ Client Rights:

The hospital enhanced the Human Rights Program by developing a comprehensive client handbook which includes a revised client grievance procedure as required by "The Blueprint."

Hospital staff and the Office of the Seriously Mentally Ill staff coordinated with the Office of the Monitor for the Superior Court and the Arizona Center for Law in the Public Interest to ensure compliance as required by "The Blueprint."

Additionally, the hospital completed a successful review survey by the U.S. Department of Justice, Civil Rights Division, under the Civil Rights for Institutionalized Persons Act; this survey, conducted by a psychiatric physician, ensured client's rights were not violated and reaffirmed the hospital was in compliance with issues related to client rights.

◆ Client Referrals to and Discharges from the Hospital:

The hospital expended extensive efforts in working with ComCare (formerly CODAMA), the Maricopa County Regional Behavioral Health Authority, to address issues surrounding appropriate referral of clients into Arizona State Hospital and mechanisms for the transition of clients into residential care and other environmental settings in the community when hospital care was no longer required. Successful emphasis was placed on the transition of the geriatric, longer hospitalized clients into the community as demonstrated by the fact that in FY 1990-91, forty-nine (49) clients who had a length of hospitalization greater than two years were discharged; in FY 91-92 fifty-six (56) were discharged; and in FY 92-93 seventy (70) were discharged.

◆ Health Care Financing Administration's Medicare Certification:

The hospital successfully completed a Health Care Financing Administration's Medicare Compliance survey resulting in certification which provided the hospital partial reimbursement for services provided to Medicare-eligible clients. The hospital submitted billings for Medicare covered and uncovered services under the current billing guidelines and received collections totalling \$2,065,188.

◆ Total Quality Management:

The hospital continued to implement the concept of Total Quality Management through training of hospital management and administrative staff. This training will continue to be provided for all hospital staff to improve the overall quality of care and services provided the client.

◆ Hospital Renovation:

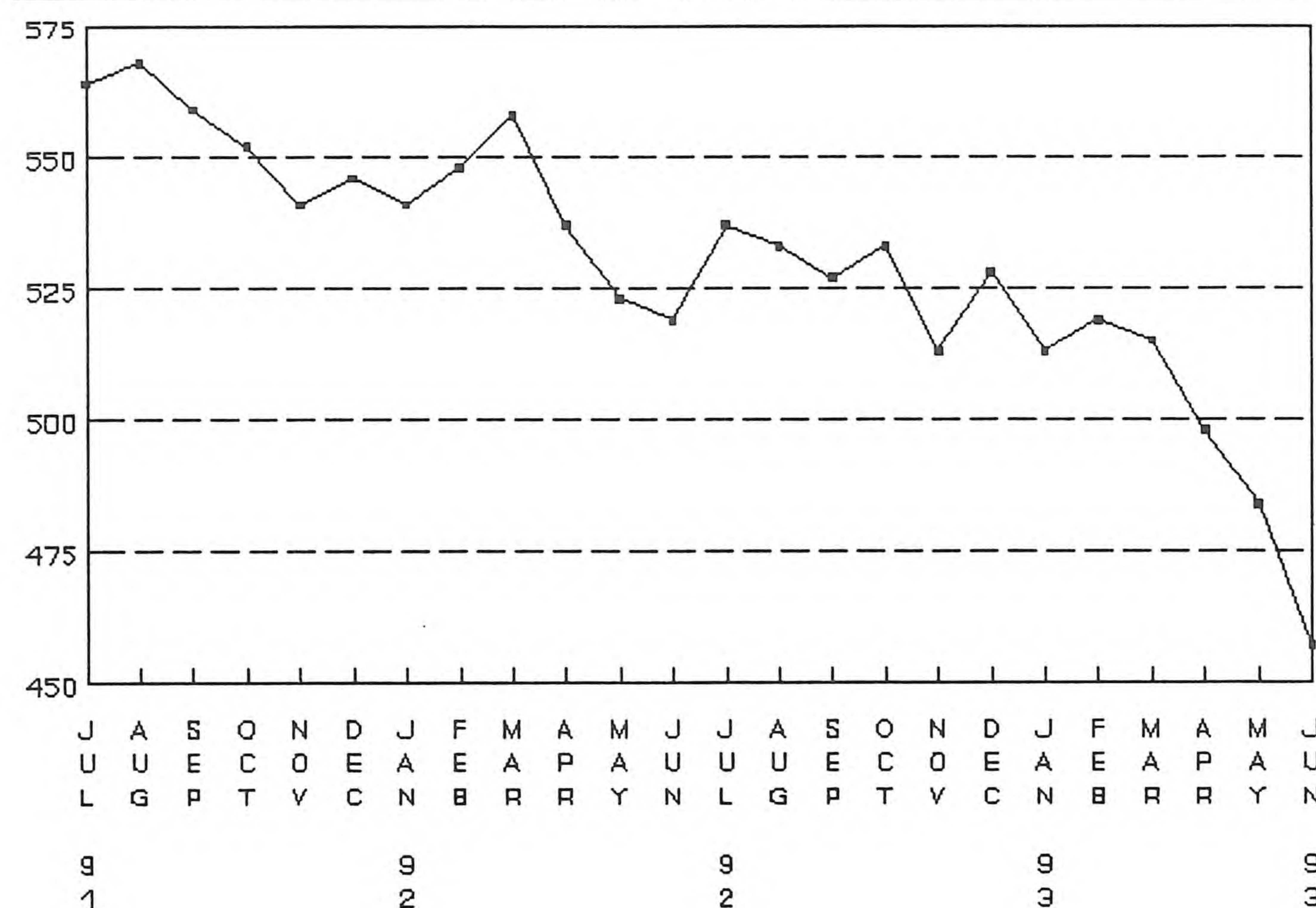
The hospital and the ADHS Office of Real Property completed the "request for bid" stage of the Phase I Renovation Plan for the Juniper Building (west wing). The completion of this \$2 million renovation project is projected for March 1994 and will result in the relocation of the Behavior Management Treatment Unit clients which will more adequately meet client care standards as established by various survey agencies.

**CLIENT DEMOGRAPHICS
and
STATISTICAL SUMMATION
FISCAL YEAR 1992-1993**

The Arizona State Hospital began this fiscal year on July 1, 1992, with a client census of 519. Throughout the fiscal year, the hospital admitted 798 clients, discharged 860 clients, and ended the fiscal year June 30, 1993, with a census of 457, a net decrease of 62 clients. The average daily census for the fiscal year was 522, a decrease of 27 compared to the previous fiscal year. The hospital served 1,182 individual clients (unduplicated count), a decrease of 50 compared to the previous fiscal year. These clients accounted for a total of 188,077 client days, a decrease of 12,902 days compared to the previous fiscal year.

The client end of month census covering July, 1991, through June, 1993, is depicted in Exhibit 1.

**EXHIBIT 1
END OF MONTH CENSUS**



FY 1991-92

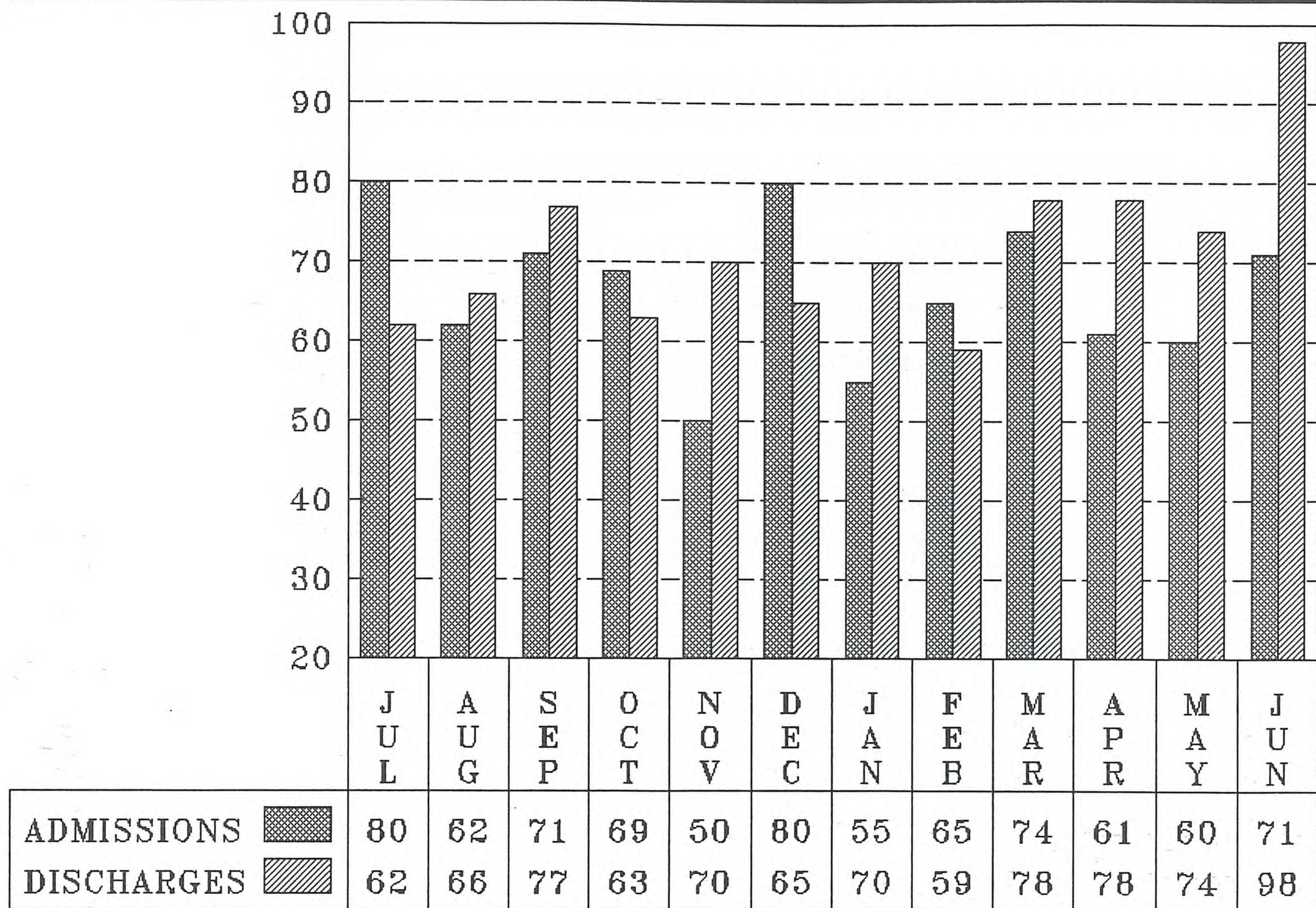
JUL - 91	564
AUG	568
SEP	559
OCT	552
NOV	541
DEC	546
JAN - 92	541
FEB	548
MAR	558
APR	537
MAY	523
JUN	519

FY 1992-93

JUL - 92	537
AUG	533
SEP	527
OCT	533
NOV	513
DEC	528
JAN - 93	513
FEB	519
MAR	515
APR	498
MAY	484
JUN	457

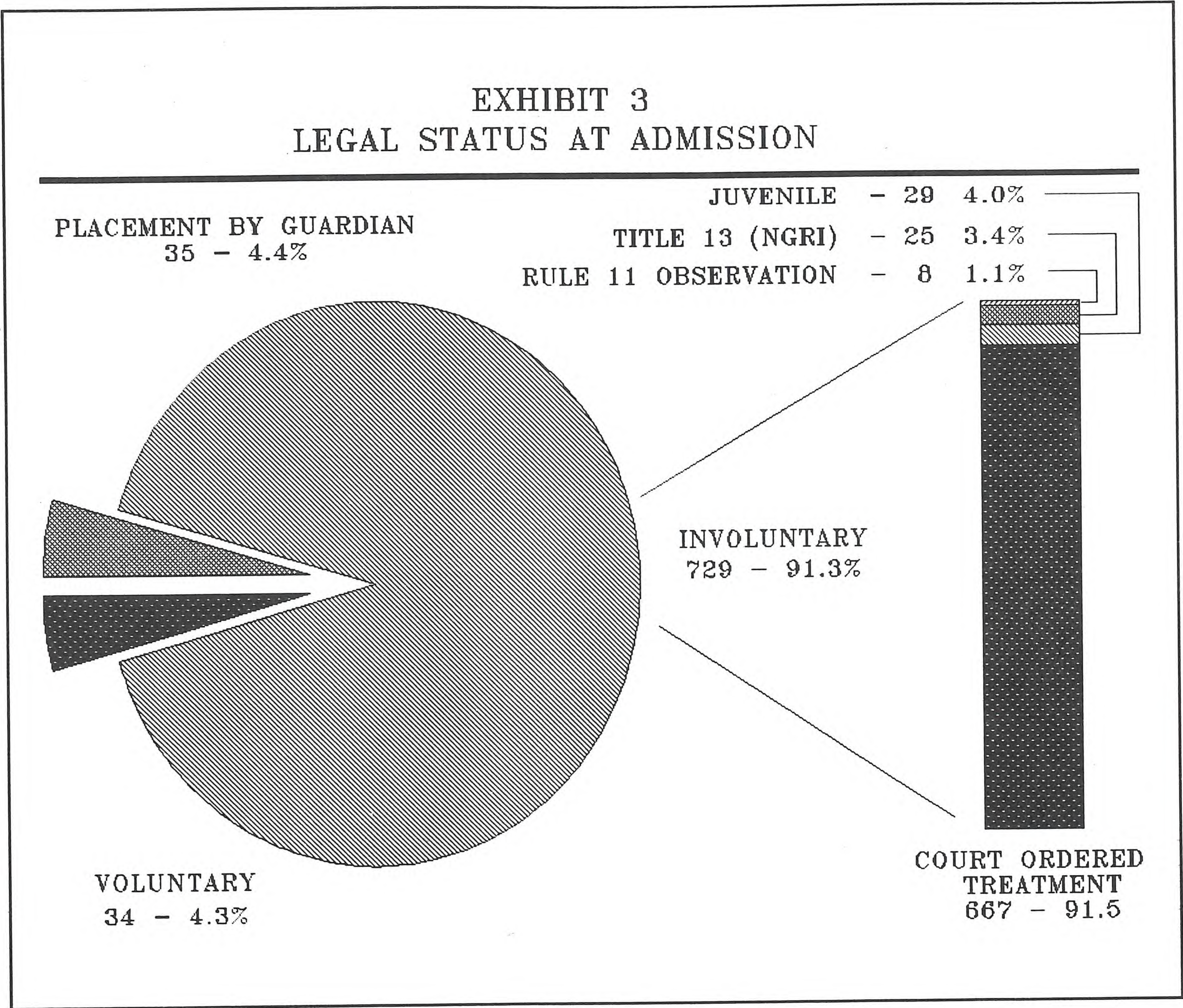
A comparison of admissions and discharges by month for FY 92-93 is provided in Exhibit 2.

EXHIBIT 2 MONTHLY ADMISSIONS AND DISCHARGES



Admission Statistics:

The hospital admitted 798 clients this fiscal year. The average monthly admission rate was 66.5, ranging from a high of 80 in July and December to a low of 50 in November [Exhibit 2]. Involuntary admissions accounted for 729; voluntary admissions accounted for 34, and admission by guardian accounted for 35. Of the 729 admitted involuntarily, 667 were admitted by court ordered treatment; 29 were admitted through juvenile commitment; 25 were admitted under Title 13 [Not Guilty by Reason of Insanity]; and 8 were admitted under Rule 11 Observation [Exhibit 3].



The ethnicity distribution of the admissions is indicated in Exhibit 4. This data has remained relatively constant over the past three fiscal years. Individuals admitted to the hospital were primarily between the ages of 18-64 (670 or 84%). Children and adolescents under the age of 18 accounted for 64 (8%) and adults over the age of 65 years accounted for 64 (8%) of the admissions. Individuals between the ages of 40 - 64 years of age accounted for most admissions (252) [Exhibit 4].

Admissions by gender, which have remained very stable over the past three fiscal years, were 473 male and 325 female [Exhibit 4].

EXHIBIT 4		
ADMISSIONS BY ETHNICITY, AGE, AND GENDER		
<u>Ethnicity</u>	<u>Number</u>	<u>Percentage</u>
White	572	72%
Hispanic	122	15%
Black	67	08%
American Indian	21	03%
Other	14	02%
Total	798	100%
<u>Age</u>	<u>Number</u>	<u>Percentage</u>
Under 12 years	8	01%
12 - 17 years	56	07%
18 - 29 years	197	25%
30 - 39 years	221	28%
40 - 64 years	252	32%
65+ years	64	08%
Total	798	100%
<u>Gender</u>	<u>Number</u>	<u>Percentage</u>
Male	473	59%
Female	325	41%
Total	798	100%

Maricopa County continued the historic trend of having the highest number of admissions by county with 674, an increase of 15 admissions compared to the previous fiscal year; Pima County accounted for 58 of the admissions, a decrease of 9 compared to the previous fiscal year; and Gila County accounted for 21, an increase of 15 compared to the previous fiscal year. It is important to note that not all clients admitted through a county are actually a client of the admitting county but may be, in fact, a client of a neighboring county, e.g. Maricopa County had 13 admissions, Pima County had 8 admissions, and Gila County had 6 admissions of individuals who were clients of other counties [Exhibit 5].

The hospital's recidivism rate decreased slightly from 21.5% in FY 91-92 to 19.9% in FY 92-93.¹ Recidivism is defined as the readmission of a client who was discharged from the hospital within 180 days prior to readmission. This rate has remained fairly constant throughout recent fiscal years, ranging from 19% to 21%.

**EXHIBIT 5
ADMISSIONS BY COUNTY**

<u>County of Admission</u>	<u>Number</u>	<u>Percentage</u>
Apache	0	0.0%
Cochise	5	0.6%
Coconino	7	0.9%
Gila	21	2.6%
Graham	7	0.9%
Greenlee	0	0.0%
LaPaz	1	0.1%
Maricopa	674	84.5%
Mohave	2	0.3%
Navajo	2	0.3%
Pima	58	7.3%
Pinal	11	1.4%
Santa Cruz	0	0.0%
Yavapai	5	0.6%
Yuma	5	0.6%
Out-of-State/Unknown	0	0.0%
Total	798	100.0%

* Number of admissions through a county in which the individual was not a resident:					
Apache	0	Greenlee	0	Pima	8
Cochise	0	LaPaz	0	Pinal	4
Coconino	2	Maricopa	13	Santa Cruz	0
Gila	6	Mohave	0	Yavapai	1
Graham	0	Navajo	0	Yuma	1

¹The recidivism rates presented are determined by dividing all of the fiscal year readmissions with lengths of stay out of the Hospital less than 180 days by the total admissions for the fiscal year.

Individuals admitted to the hospital for the first time accounted for 394 of all admissions. Readmissions accounted for 283, readmission from combined inpatient/outpatient treatment for 96, and readmissions from conditional discharge for 25 [Exhibit 7]. Compared to the previous fiscal year, the admission type percentages has remained relatively unchanged.

EXHIBIT 7						
ADMISSION TYPE BY COUNTY						
<u>COUNTY</u>	<u>FIRST ADMISSION</u>	<u>READMISSION</u>	<u>CONDITIONAL DISCHARGE</u>	<u>RETURN FROM INPATIENT OUTPATIENT</u>	<u>TOTAL</u>	<u>%</u>
Apache	0	0	0	0	0	.0
Cochise	4	0	1	0	6	.6
Coconino	7	0	0	0	7	.9
Gila	13	8	0	0	21	2.6
Graham	2	4	1	0	7	.9
Greenlee	0	0	0	0	0	.0
La Paz	1	0	0	0	1	.1
Maricopa	326	234	20	94	674	84.5
Mohave	2	0	0	0	2	.3
Navajo	1	1	0	0	2	.3
Pima	29	26	1	2	58	7.3
Pinal	5	5	1	0	11	1.4
Santa Cruz	0	0	0	0	0	.0
Yavapai	3	2	0	0	5	.6
Yuma	1	3	1	0	5	.6
Unavailable	0	0	0	0	0	.0
TOTAL:	394	283	25	96	798	
Percentage	49.4	35.5	3.1	12.0		100.0

The number and percent of admissions by diagnostic grouping (client diagnosis at the time of admission) indicates the category of schizophrenic disorders accounted for 351 of all admissions and affective disorders accounted for 204 [Exhibit 8]. The number and percent of admissions by diagnostic grouping did not varied significantly compared to the previous fiscal year.

<p style="text-align: center;">EXHIBIT 8</p> <p style="text-align: center;">NUMBER AND PERCENT OF ADMISSIONS</p> <p style="text-align: center;">BY DIAGNOSTIC GROUPING</p> <p style="text-align: center;">FY 1992-93</p>		
DIAGNOSTIC GROUPING	No.	%
Schizophrenic Disorders	351	44.0
Affective Disorders	216	27.1
Paranoid States	13	1.6
Dissociative Disorder	0	.0
Obsessive-Compulsive Disorder	2	.3
Other Psychoses	61	7.6
Senile/Presenile Org. Psych. Conditions	15	1.9
Alcoholic Psychoses	0	.0
Other Organic Mental Disorders	34	4.3
Drug Related Disorders	8	1.0
Personality Disorders	2	.3
Adjustment Disorders	3	.4
Disturbance of Conduct	13	1.6
Substance Abuse	3	.4
Other	77	9.6
TOTAL	798	100.0%

Discharge Statistics:

The hospital discharged 860 clients during this fiscal year. The average monthly discharge rate was 71.7, ranging from a high of 94 in April to a low of 56 in February [Exhibit 2]. Clients discharged with hospital lengths of stay from 1-30 days accounted for 45 (5.2%) of the discharges. Clients with lengths of stay from 31-180 days accounted for 555 (64.5%) of the discharges, those with lengths of stay from 181-365 days accounted for 130 (15.1%), those with lengths of stay from 1 - 5 years accounted for 101 (11.7%), and those with lengths of stay greater than 5 years accounted for 29 (3.4%). Exhibit 9 provides detailed data for length of stay for client discharge during FY 92-93.

EXHIBIT 9		
LENGTH OF STAY FOR DISCHARGE		
LENGTH OF STAY	NUMBER	PERCENTAGE
Less than 7 days	4	0.5%
7 - 13 days	3	0.4%
14 - 20 days	11	1.3%
21 - 30 days	27	3.1%
31 - 60 days	135	15.7%
61 - 90 days	175	20.3%
91 - 180 days	245	28.5%
181 - 365 days	130	15.1%
1 - 2 years	60	7.0%
2 - 3 years	25	2.9%
3 - 4 years	12	1.4%
4 - 5 years	4	0.5%
5 - 6 years	1	0.1%
6 - 7 years	3	0.4%
7 - 8 years	2	0.2%
8 - 9 years	9	1.1%
9 - 10 years	1	0.1%
10+ years	13	1.5%
TOTAL	860	100.0%

Although clients with lengths of stay under 365 days accounted for the vast majority of the discharges (730), concentrated efforts were expended in discharging the twenty-nine (29) clients who had been hospitalized greater than five years. Of these twenty-nine (29), thirteen (13) clients with lengths of stay greater than ten years were discharged to alternative placement.

The mean length of stay for clients discharged with a hospitalization less than one year was 114 days. This mean has remained relatively constant during the past three fiscal years. The mean length of stay for clients discharged with a hospitalization greater than one year but less than three years was 624 days; the mean length of stay for clients discharged with a hospitalization more than three years but less than six years was 1418 days; the mean length of stay for clients discharged with a hospitalization more than six years but less than ten years was 2939 days; and the mean length of stay for clients discharged with a hospitalization greater than ten years was 5466 days (approximately fifteen years) [Exhibit 10].

EXHIBIT 10 MEAN DISCHARGE LENGTH OF STAY	
Length of Stay	Mean
Less than 1 year	114 days
More than 1 year but less than 3 years	624 days
More than 3 years but less than 6 years	1418 days
More than 6 years but less than 10 years	2939 days
More than 10 years	5466 days
Total Average Length of Stay	321 days
Note: The mean discharge length of stay is the average number of days of hospitalization per client during that time period.	

The relatively stable mean discharge length of stay for admissions less than one year [106 in FY 90-91; 109 in FY 91-92; and 114 in FY 92-93] is indicative of the hospital's continued partnership with the Regional Behavioral Health Authorities to provide active treatment and discharge efforts for individuals who may receive continued services in a less restrictive, therapeutic environment in the community.

In Fiscal Year 1990-91, forty-nine clients who had a length of hospitalization greater than two (2) years were discharged; in FY 91-92 this number increased to 56; and in FY 92-93 the number increased to 70. This increase is a direct result of a specialized effort by the hospital and Behavioral Health Services to place these individuals in appropriate community-based residential settings that better meets their clinical needs.

Clients discharged to outpatient treatment accounted for 362 of the total discharges; those discharged from voluntary status accounted for 147; those discharged under conditional status accounted for 94; and those discharged under Title 36 (placement by guardian) accounted for 71 [Exhibit 11]. There was no significant change in discharge type compared to the previous fiscal year.

EXHIBIT 11		
DISCHARGE TYPE		
FY 1992-93		
	TOTAL	%
From Voluntary	147	17.1
From Commitment Prior to Expiration	31	3.6
Commitment Expired	21	2.4
Against Medical Advice	12	1.4
Released by Court Order	3	.3
Rule 11	6	.7
Title 13	2	.2
Unauthorized Absence	21	2.4
Death	21	2.4
Conditional	94	10.9
To Outpatient	362	42.1
To Other Hospital	5	.6
To Other Healthcare Agency	1	.1
Title 36 Court Ordered Treatment	71	8.3
From Juvenile Commitment	34	4.0
Complete	29	3.4

PROGRESS TOWARD ACHIEVING MILESTONES

The hospital, in its continuing efforts to work in partnership with the community to serve the mentally ill residents of the state of Arizona, has established various ongoing milestones. During Fiscal Year 1992-1993, the following progress was made toward these milestones.

1. Providing contemporary psychiatric hospitalization and treatment for any person who meets the hospital's admission criteria and is presently living in the State of Arizona.

Progress:

- Provided services to 1,182 clients (unduplicated count) during FY 1992-1993; these clients accounted for 188,077 client days.
- Completed comprehensive assessments for each newly admitted client; these assessments included psychiatric, medical, nursing, psychological, dental, social, rehabilitative, educational, speech/language/hearing and other specialized assessments which provided the foundation for individualized client treatment and discharge plans.
- Continued implementation of the requirements set forth by the "The Blueprint." These requirements include ensuring a community case manager is assigned and providing a mechanism for involvement of the case manager and members of the community clinical team in development of the client's individualized treatment and discharge plan.
- Continued utilization of community-based re-entry facility beds which were established specifically for hospital client placement, making it possible for the hospital to transition many longer-term, chronic clients to community living for continued supportive treatment in the least restrictive environment.
- Enhanced the Human Rights Program by developing a comprehensive client handbook which includes a revised client grievance procedure as required by "The Blueprint."
- Employed a psychology specialist to implement a Psychiatric Rehabilitation Program on all client treatment units.

- Provided comprehensive clinical pathology services through in-house laboratory services or contract services with an emphasis on quality results and cost containment.
- Expanded total quality management involving hospital care providers to improve quality of care for clients.
- Expanded the Senior Citizen Program to provide age-appropriate activities for elder clients to assist with transition to community programs.
- Expanded the Vocational Training Program by adding a greenhouse setting to the on-site program.
- Continued utilization review admission and continued stay evaluation criteria and developed age specific utilization review evaluation criteria for children and adolescents.
- Corrected all deficiencies noted during the investigative review completed in October 1992 by the U.S. Department of Justice, Civil Rights Division, under the Civil Rights for Institutionalized Persons Act.
- Continued the Therapeutic Environment Committee to complete ongoing assessments of all client treatment areas to provide recommendations to hospital administration on needed environmental improvements.
- Provided special activities to celebrate various holidays which included specialized dietary and menu requests.

2. Establishing a methodology for providing adequate staff-to-client ratios to meet the changing needs of the hospital's clients.

Progress:

- Continued active and ongoing efforts to recruit Board Certified and Board Eligible psychiatrists, internists, and family practitioners.
- Continued to recruit and maintain highly qualified clinical staff to meet the total treatment psychiatric and therapeutic needs of the clients.

- Monitored the staff-to-client ratio on a bi-monthly basis to meet the changing needs of the client population.
- Increased the number of positions for the classification of Licensed Practical Nurse (LPN) to assist in providing improved care and treatment for clients.
- Co-sponsored Arizona State University's annual psychiatric conference and provided information and recruitment efforts.

3. Maintaining participation in the Medicare Program, Health Care Financing Administration (HCFA).

Progress:

- Completed a Health Care Financing Administration's Medicare Program survey in July 1992 resulting in full certification which maintained a significant reimbursement program for Medicare eligible clients with our fiscal intermediary for the Medicare Program (Blue Cross/Blue Shield).
- Completed a Health Care Financing Administration's Medicare Program survey in June 1993; the official results of the survey process were not received by the end of the fiscal year.
- Monitored treatment and discharge plan development and major aspects of care provided by the Medical Staff and service areas.
- Submitted billings for Medicare covered and uncovered services under the current billing guidelines; collections during this period totalled \$1,469,872.

4. Maintaining accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Progress:

- Maintained full accreditation with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); a Joint Commission full survey will be completed during the first half of Fiscal Year 1993-94.

- Continued a Total Quality Management/Continuous Quality Improvement system with quarterly reporting to the Governing Body.
- Scheduled selected personnel to participate in Joint Commission education seminars and training opportunities in preparation for the Joint Commission full survey process.
- Established a Joint Commission Task Force and completed mock surveys to prepare for the Joint Commission full survey process.

5. Participating in the development of an enhanced statewide mental health program.

Progress:

- Coordinated the hospital's activities and services with other state and community services; this included staff participating in Behavioral Health Services' management meetings, attending family advocacy meetings, participating actively in various professional mental health groups, and attending various statewide community mental health programs.
- Increased compliance with the requirements of "The Blueprint: Implementing Services to the Seriously Mentally Ill" and underwent an audit to ensure appropriate services were provided.
- Continued efforts in concert with community agencies, county hospitals and Psychiatric Health Facilities (PHFs) in providing a continuum of care.
- Continued work with Re-Entry Facility (REF) staff to transition chronic clients to community living.
- Worked with ComCare (formerly CODAMA), the Maricopa County Regional Behavioral Health Authority, to address issues surrounding appropriate referral of clients to the Arizona State Hospital and mechanisms for the transition of clients into residential care and other environmental settings in the community when hospital care was no longer needed; specific emphasis was placed on the transition of the geriatric clients into the community which resulted in increased placements for this population.
- Contributed to the development of an enhanced statewide mental health program by collecting Title XIX revenue.

6. Finalizing the hospital's Master Plan for reconstruction and presenting the plan to Behavioral Health Services, Arizona Department of Health Services, and the State Legislature.

Progress:

- Completed the "request for bid" stage of the renovation phase of the Juniper west wing facility. The completion of this \$2 million renovation project for the relocation of the Behavior Management clients will meet the standards as established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The scheduled timeline indicates the renovation completion by March 1994.

7. Planning, developing, and implementing community relations projects that will enhance the image of the hospital.

Progress:

- Participated in community task forces, committee work and advisory councils, as well as various conferences.
- Sponsored the annual Clergy Day focusing on "Children in Crisis," a non-denominational training program to provide outreach and education on the role of religion in serving children who are seriously emotionally disturbed.
- Conducted cardiopulmonary resuscitation (CPR) training and instructor/instructor trainer certification for the community.
- Provided numerous hospital tours for representatives of the State Legislature, various professional organizations, advocacy groups, behavioral health agencies, students and private citizens.
- Developed and promoted positive relationships with psychologists from other State agencies and psychologists in private practice; maintained a working relationship with the Clinical Psychology Program at Arizona State University, attracting three students to the hospital's internship program.
- Participated on the Board of Directors of Arizona State University's College of Liberal Arts and Sciences Alumni Association; maintained a professional association with the Psychology Department at the University of Phoenix to provide training for their students.

- Participated in the development of the Phoenix Psychology Internship Consortium which consists of the hospital, Good Samaritan Hospital, the VA Medical Center, and Indian Health Services.
- Continued a professional association with the Arizona State University's School of Social Work by providing a social work internship program.
- Coordinated client vocational training placement in the community programs at the time of the client's discharge.
- Continued a training program entitled "An Orientation in Ministry to the Mentally Ill" for Ministers, Priests, Rabbis, and active lay people to participate in small group discussions/ presentations with hospital staff.
- Continued a physical therapy externship program for selected students and volunteers to complete their educational requirements for becoming a physical therapy technician; this was offered in conjunction with the Long Medical Institute.

8. Encouraging and supporting a high degree of competency, professionalism and continuing education for the hospital's staff.

Progress:

- Continued the Employee Education Assistance Program which provides funding or time for employees to attend workshops, seminars, and college courses related to enhance their professional and technical skills to improve client care and treatment; 293 employees were able to take advantage of this program.
- Provided regular Continuing Medical Education programs for psychiatry and medicine which were presented by respected local and national lecturers; encouraged attendance at continuing medical education programs provided at local hospitals and co-sponsored activities with the Arizona Psychiatric Society.
- Provided staff training services which included Orientation/ Basic Education for new employees, inservice training, Psychiatric Technician Training (college credited course), and out-service training.
- Encouraged and supported the process of Board certification for staff physicians.

- Provided internship/externship training for students in nursing, psychology, occupational therapy, social work, and physical therapy; five (5) Schools of Nursing throughout Maricopa County placed 150 students at the hospital; these students were provided specialized classroom instruction, Medical Library research time, and placement on client treatment units to complete their psychiatric nursing rotation requirements.
- Encouraged participation in discipline-specific professional organizations, e.g. Arizona Psychiatric Society, Arizona Psychological Organization, etc.
- Developed competency skills checklists for all hospital employee classifications which will be utilized at the time of employee performance evaluations.
- Established a plan to increase the number of Registered Nurses available to Psychiatric Technicians to provide increased professional supervision during milieu activities.

9. Addressing staff issues related to recruitment, morale, absenteeism and turnover.

Progress:

- Provided flexible work hours for varied professional staff, e.g. physicians, psychologists, etc., thus allowing them the opportunity to seek professional opportunities in the community.
- Continued the Nursing Retention Committee which identified reasons for staff turnover, analyzed ways to retain staff, and made recommendations related to staff recruitment.
- Provided additional Licensed Practical Nurse (LPN) positions to all Registered Nurses to concentrate on client care and treatment requiring more highly skilled nursing procedures.

10. Re-establishing associations with the University of Arizona, College of Medicine, enhancing the hospital's research activities, and increasing the public sector client physician's exposure.

Progress:

- Continued to provide orientation for and discussions with third year medical students at the University of Arizona as a regular part of their psychiatric rotation.

- Provided Medical Director supervision for psychiatric residents in training at local teaching hospitals providing an opportunity to interest new graduates in public mental health as a career.
- Continued efforts to establish shared faculty positions at the hospital.

FUTURE OUTLOOK FOR THE HOSPITAL

The Arizona State Hospital will continue to serve the mentally ill clients of the State of Arizona and will continue to strive toward the established milestones during Fiscal Year 1993-1994. In conjunction to addressing these aforementioned ongoing milestones, there are special issues impacting the future outlook which the hospital will address. These include:

◆ "Right-sizing" the hospital census.

The concept of "right-sizing" the hospital census actually began in FY 90-91 and FY 91-92 when the average daily census was 548 and 549 respectively. During this period, hospital management began working closely with the management staff of Behavioral Health Services to identify the special, hospital services not provided through community behavioral health settings and the number of client beds that would be required to provide those services. It was determined the hospital should provide care for clients requiring behavioral management services [150 beds], specialized services for youth [30 beds], and general adult services [150 beds]. This would result in a total hospital census of 330.

During FY 92-93 the hospital began implementing the "right-sizing" concept and was able to reduce the hospital's census of 519 on 7/01/92 to 457 on 6/30/93 resulting in an average daily census of 522 for FY 92-93, a decrease of 27 compared to the previous fiscal year. The efforts to decrease the total hospital census to 330 will not be achieved without significant support from the community-based service providers and will require multiple fiscal years to accomplish.

◆ Renovation Phase Plan.

The Renovation Phase Plan will require extensive efforts to improve various life/safety issues for hospital clients. Phase I of the renovation includes the current renovation of three client treatment units in the Juniper Building [west wing] which will house the Behavior Management Program serving the forensic populations. Phase II of the renovation phase (anticipated funding effective July, 1994) includes the remaining two treatment units of the Juniper Building [west wing] which are also scheduled to house the Behavior Management Program serving the forensic populations.

Phase III of the renovation phase (anticipated funding effective July 1995) includes the renovation of the five (5) treatment units in the Juniper Building [east wing] which will house the General Adult Program serving non-forensic adult clients requiring hospitalization.

In addition to the current Phase I, the hospital is seeking funding prior to the end of Fiscal Year 1993-94 for a renovation project which will allow for the relocation of the adolescent clients to the Alamo Facility. Another component of this renovation will be seeking funding effective July 1, 1994 to continue remodeling the Alamo Facility to relocate the children to a more appropriate setting.

◆ Encanto Pilot Project.

As an integral component of Behavioral Health Services, the hospital will continue its extensive efforts to implement the required services as stipulated by "The Blueprint."

As part of this effort, the hospital has entered into the "Encanto Pilot Project" in coordination with COMCARE, the Regional Behavioral Health Authority serving Maricopa County. Under this pilot, the hospital and COMCARE will provide comprehensive evaluations, treatment and care for clients from two corresponding clinical teams in Maricopa County. The hospital clinical team will provide nursing, psychology, occupational therapy, recreational therapy, and medical services and the day-to-day client living requirements. The community clinical team will provide psychiatric and case management services. Additionally, the hospital's Social Work Services will serve as a liaison member of both clinical teams to provide a psychosocial perspective of the client/family situation and a community support approach.

◆ Total Quality Management.

During FY 1992-93 the hospital implemented concepts of Total Quality Management on a hospitalwide basis. This implementation included comprehensive training seminars for management personnel, the appointment of a Steering Committee to provide oversight and direction, specialized training for TQM coaches, and the establishment of multiple TQM teams to address selected issues to improve total quality management and the services provided the clients.

During FY 1993-94 the hospital will continue to expand to concepts of Total Quality Management under the guidance of the Steering Committee, empowering the hospital staff to initiate important changes in systems, procedures, the environment, and client care to continuously seek improvement in the services provided.

Both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Health Care Financing Administration (Medicare) conduct standard compliance surveys on the client care provided at the hospital. These two organizations establish the benchmarks against which the hospital is measured to ensure acceptable standards of client care are provided. The continued expansion of the Total Quality Management (TQM) concepts at the hospital will assist in meeting the acceptable standards established by these two surveying organizations.

Continued efforts to attain each milestone and the special issues impacting the future outlook of the hospital will provide direction and commitment for all hospital staff throughout Fiscal Year 1993-1994. With continued support through the Arizona Department of Health Services, the mental health advocacy groups, the Advisory Board, the Governor's Office, the State Legislature, and the citizens, the Arizona State Hospital will progress toward meeting the milestones, resolve the special issues, and meet the needs of the mentally ill clients of the State of Arizona.

EXHIBIT 12

ARIZONA STATE HOSPITAL FINANCIAL SUMMARY FISCAL YEAR 1992 - 1993

Funding Sources (General Operations) :

State General Fund Allocations (net) including the Transitional Living Unit Personnel Services and Related Benefits	\$24,833,453
Disproportionate Share Fund	7,431,500
Rental Income	436,627
Endowment Earnings	209,930
Patient Benefit Fund	184,800
Clozaril Funds	239,582
Donations	5,000
Grants (Nueva Vista School)	9,868
Transitional Living Unit Operating	3,461
Total Funding	\$33,354,221

Expenditures:

Personnel Services and Related Benefits	\$26,251,746
Professional and Outside Services*	2,777,485
Travel (In-State)	32,269
Travel (Out-of-State)	7,925
Food	823,451
Other Operating	4,337,340
Capital Equipment	124,290
Assistance to Others	151,550
Total Cost of Operations	\$34,506,056

Collections (Deposited to the General Fund) :

Medicare	\$ 1,469,872
Family, Guardian, or Client	677,488
Insurance	174,885
Counties - Rule 11	217,269
Social Security, V.A., or Railroad Retirement	377,370
Total Collections	\$ 2,916,844

* Contract Physicians, Nursing Registries, and Outside Hospitalization Costs

Title XIX collections were retained by the ADHS for FY 92-93 and were not deposited to the General Fund pursuant to H.B. 2009, Section 2, Second Special Session, Fiscal Year 1992-93. Collections for services provided in FY 92-93 totalled approximately \$700,000.

(continued)

EXHIBIT 12 (cont.)
ARIZONA STATE HOSPITAL
FINANCIAL SUMMARY
FISCAL YEAR 1992-1993

* Daily Costs by Treatment Program:

General Adult Program	\$289
Behavior Management Program	232
Psychosocial Rehabilitation Program	194
Extended Care Program	160
Geropsychiatry Program	184
Youth Services Program	
Adolescent Treatment	382
Childrens' Treatment	558
Average	\$221

* Rates became effective 07/01/92.

Pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, Arizona Department of Health Services does not discriminate on the basis of race, color, national origin, handicap or age. For further information or to file a complaint contact:

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